PTO/SB/17 (10-04v2)

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FEE TRANSMITTAL		ation Number	09/800,314	14	
for FY 2005 Effective 10/01/2004. Pelent fees are subject to annual revision.		Date	March 6, 2001	2001	
		lamed Inventor	Radatti, Peter V.	Peter V.	
		ner Name	Jackson, J.E.	ı, J.E.	
Applicant claims small entity status. See 37 CFR 1.27			2131		
TOTAL AMOUNT OF PAYMENT (\$) 885		Art Unit 2131 Attorney Docket No. 17-00			
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)					
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Number Deposit		2052 25 Sun	herge - late provisional filing fee or		
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1. BASIC FILING FEE	1257 430		ension for repty within second month	490	
Large Entity Small Entity	1253 980		lension for reply within third month		
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1001 790 2001 395 Utility filing fee	1255 2.080		tension for reply within fifth month		
1002 350 2002 175 Design filling fee	1401 340	1	tice of Appeal		
1003 658 2003 276 Plant Ring lee	1402 340 1 1403 300	1	ing a brief in support of an appeal quest for oral hearing		
1004 790 2004 395 Reissue filing fee	1451 1,510		tition to institute a public use proceeding		
1005 160 2005 80 Provisional filing fee	1452 110	•	tition to revive - unavoidable		
SUBTOTAL (1) (\$) 0	1453 1,370	2453 685 Pe	tition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSU	1501 1,370	2501 685 Ut	liky Issue fee (or reissue)	<u> </u>	
Extra Claims below Fee Pat	1502 490	1	angua ingira	 	
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Multiple Dependent	1807 50		rocessing fee under 37 CFR 1.17(q)		
Large Entity : Small Entity Fee Fee Fee Fee Pee Cuscription	1806 180	Re	ibmission of Information Disclosure Stmt cording each patent assignment per		
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1202 10 1 2202 1	1809 790	2809 395 Fil	ing a submission after final rejection 7 CFR 1.129(s))		
1201 88 2201 44 Independent claims in excess or 3 1203 300 2203 150 Multiple dependent claim, if not pake	1810 790	2810 395 Fo	er each additional invention to be		
1204 88 2204 44 ** Reissue Independent claims		ex	tamined (37 CFR 1.129(b))	395	
over original patent	1801 790	•	Request for Continued Exemination (RCE Request for expedited exemination	' 	
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las o	Other fee (specify)				
SUBTOTAL (2) (3) or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 885				
(Complete (if eppicade))					
Name (Print/pe) Joseph E. Chovanes		ration No. 3348	1 Telephone 610-648-39	94	
Name (MATO) JOSEPH E. CHOVAINS (Antomerica point)			Date 11-29-04	T	
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